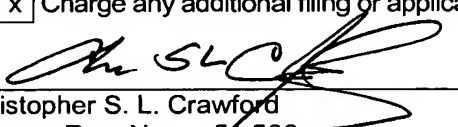




| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 49617/P020CP1CP1/09900926 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|-----------------------------------------|------|
| Application No. 09/282,848-Conf. #9190 | | Filing Date March 31, 1999 | | Examiner J. I. Michalski | |
| | | | | Art Unit 2644 | |
| Applicant(s): John E. Arthur | | | | | |
| Invention: MATRIX SURROUND DECODER/VIRTUALIZER | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 9 | - 45 = | | x | 0.00 |
| Independent Claims | 3 | - 3 = | | x | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>06-2380</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  _____ Christopher S. L. Crawford Attorney Reg. No.: 54,580 | | | | Dated: <u>May 9, 2005</u> | |
| FULBRIGHT & JAWORSKI L.L.P. 2200 Ross Avenue, Suite 2800 Dallas, Texas 75201-2784 (214) 855-8378 | | | | | |



Application No.: 09/282,848

Attorney Docket No.: 49617/P020CP1CP1/09900926

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 482709695US in an envelope addressed to:

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 9, 2005
Date

Signature

Gail Miller

Typed or printed name of person signing Certificate

Registration Number, if applicable

(214) 855-8379
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

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Certificate of Express Mail – 1 page